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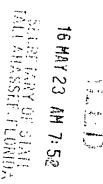
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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Pinnacle Investment Name of Lin	M FOUT LLC nited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Panela K Van Vla	eck_		
CP5WFL Firm/Company			
5220 Summerlin Common	s Blud		
For + Uyers FL 33907. City/State and Zip Code	)		
Pyan vieck & cowfl. com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
	239, 625 3224		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

\_\_\_\_

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: YINNACLE INVESTMENT FOR UC
2. (a) 5220 Symme(In Commons B)W (b) 5220 Symme(In Commons B)W)  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
Jule 500 Suite 500
FOTH MYRIS FL 33907 FOTH MYRIS FL 33907
LG60000458D1
3. Date of filing/registration in Florida 4. Document number
5. (a) Bolanos Truxton PA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
12800 University Drive
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5uite 350 = 5
FOX+ MUNS FL 33907
(b) PAMEIA K. VAN VLECK
Enter name of NEW Registered Agent and/or NEW Registered Office address:
5220 Summer In Commens Blvd  NEW Registered Office Address:
Suite 500
FC+ Myers , FL 33907
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the artigles of organization of the operating agreement of the limited liability company.
W. Soft Robertson
Signature of a member of authorized representative of a member Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notifiedly writing of this change.
Signature of Registered Agent